



Medicaid Maternal Benefits

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**Senate Health and Human
Services Committee**



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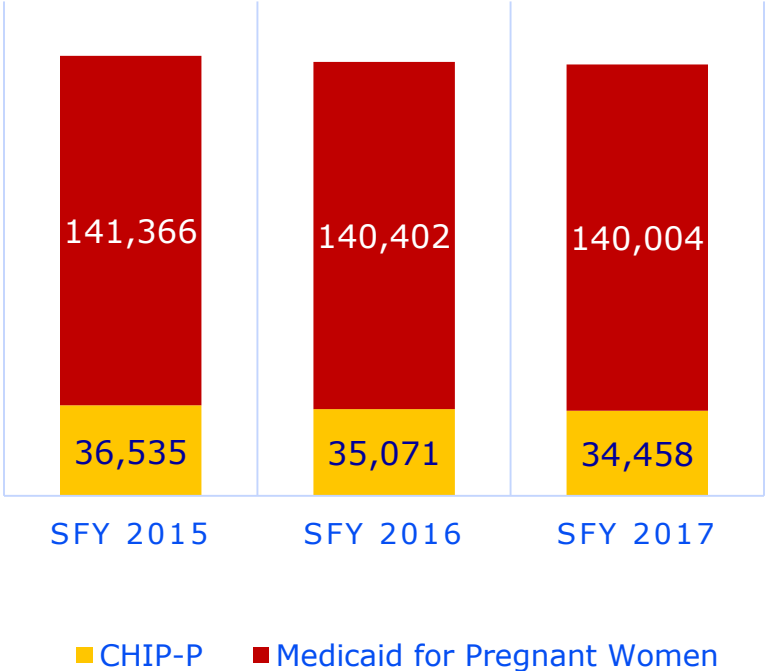
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Eligibility for Maternal Health Benefits



- **Medicaid for Pregnant Women**
 - Income must be at or below 198 percent of federal poverty level (FPL)
- **Short-term Medicaid**
 - Certain hospitals and clinics can determine presumptive eligibility and provide limited benefits on a fee-for-service basis until the woman is determined eligible for Medicaid for Pregnant Women or the last day of the month following the presumptive eligibility determination if she does not apply
- **CHIP Perinatal (CHIP-P)**
 - Income must be at or below 202 percent of FPL to get coverage for the unborn child
 - At or below 198% of FPL, "Emergency Medicaid" covers the facility fee for labor and delivery and CHIP-P covers the professional charges
 - For women with income above 198 percent FPL, CHIP-P covers the facility fee and professional charges for labor and delivery

AVERAGE MONTHLY ENROLLMENT



Overview of Maternal Health Benefits

Medicaid benefits

- Prenatal care
- Screening, Brief Intervention and Referral for Treatment
- Substance Use Treatment
- Mental Health Services
- Labor and delivery
- Postpartum visit within 60 days of delivery
- Automatic enrollment into Healthy Texas Women

CHIP-P benefits

- Prenatal care
- Labor and Delivery
- Laboratory and X-Ray
- Pharmacy
- Services to treat a miscarriage or nonviable pregnancy
- Emergency services related to delivery (including transportation)
- Two post-partum visits within 60 days of delivery



HB 2466 – Maternal Depression Screenings



HB 2466, 85th Legislature, Regular Session, 2017, requires Medicaid and CHIP to cover a maternal depression screening for the mother of an enrollee.

- The screening must occur during a covered well-child visit before the enrollee's first birthday
- As of July 1, 2018, Medicaid covers maternal depression screenings conducted at an infant's Texas Health Steps Checkup
- CHIP already covered maternal depression screenings

Data Sharing Initiatives



SB 7, 83rd Legislature, Regular Session, 2013, directed HHSC and DSHS to expand interagency data sharing to better inform ways to avert high-risk pregnancies and premature births

- Leverages birth data to target women with prior premature delivery who could benefit from 17-P therapy in later pregnancy
 - 17-P is a progesterone treatment prescribed to help prevent preterm birth
- Health plans are provided a monthly matched file with birth certificate and enrollment data
- HHSC and DSHS are currently in the process of renewing the Memorandum of Understanding

SB 17 Feasibility Analysis



SB 17, 85th Legislature, 1st Called Session, 2017, requires HHSC to determine the feasibility of adding Medicaid quality measures based on hospitals' adoption of Alliance for Innovation on Maternal Health (AIM) bundles to reduce maternal mortality and morbidity

- HHSC is working with the Texas External Quality Review Organization to complete the feasibility analysis
- HHSC will report on the results by December 1, 2018